



SUMMER EARN AND LEARN

A Summer Youth Employment and Education Program

APPLICATION FORM

NAME: _____

(Please type or print)

PARENT/GUARDIAN'S NAME: _____

(Please type or print)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

DATE OF BIRTH: _____ AGE: _____ (If under the age of 16, please attach copy of valid work permit)

SOCIAL SECURITY NO: _____

SPONSOR'S NAME (if any): _____ PHONE NO: _____

SCHOOL/SCHOOL HISTORY: _____

HIGHEST GRADE COMPLETED: ☐ 8TH ☐ 9TH ☐ 10th ☐ 11th ☐ 12th

☐ GED ☐ HIGH SCHOOL ☐ OTHER _____

FAVORITE SUBJECT(s): _____ LEAST FAVORITE SUBJECT(s): _____

EXTRACURRICULAR ACTIVITIES OR HOBBIES/SPECIAL INTERESTS: _____

CAREER INTERESTS: _____

☐ CREATIVE ARTS ☐ MECHANICAL ☐ FINANCIAL ☐ SCIENCE

☐ INDUSTRIAL ☐ HUMAN SERVICES ☐ MEDICAL ☐ BUSINESS ADMINISTRATION

☐ FOOD SERVICES ☐ ATHLETICS ☐ LAW ☐ RETAIL

☐ TECHNOLOGY ☐ EDUCATION ☐ SKILLED TRADES ☐ GROUNDSKEEPING

☐ OTHER (Specify): _____

WORK HISTORY:

COMPANY	FROM	TO	REASON FOR LEAVING

SKILLS: ☐ TYPING ☐ FILING ☐ DATA ENTRY ☐ COMPUTER ☐ TELEPHONE ☐ COPIER ☐ TYPEWRITER

☐ CUSTOMER SERVICE ☐ MECHANICAL ☐ GROUNDSKEEPING ☐ FAX MACHINE

HOW COULD THIS PROGRAM HELP YOU? (ANSWER REQUIRED FOR CONSIDERATION):

DO YOU HAVE TRANSPORTATION TO GET TO THE WORKSITE: ☐ Yes ☐ No

DAYS AVAILABLE FOR WORK: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

TIMES AVAILABLE FOR WORK (i.e. 8:00 – 5:00, anytime between 8:00 a.m. – 9:00 p.m.):

Applicant Signature

Date

Parent/Guardian Signature

Date

This application must be submitted to:

City of Norfolk
Department of Human Resources
810 Union Street
City Hall Building, Room 100
Norfolk, VA 23510
Email: recruit@norfolk.gov

